

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000137519

Entity Name: EMMANUEL MEDICAL RESEARCH CENTER, LLC

Current Principal Place of Business:

10404 W FLAGLER ST #15
MIAMI, FL 33174

Current Mailing Address:

10404 W FLAGLER ST #15
MIAMI, FL 33174 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMMANUEL MEDICAL CENTER LLC
10404 W FLAGLER ST #15
MIAMI, FL 33174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GUERRERO, JULIAN N	Name	GUERRER, LOISA C
Address	16134 SW 61 LN	Address	16134 SW 61 LN
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33193

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIAN N GUERRERO

AMBR

01/24/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date